

St. Bartholomew's Hospital



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St. Bartholomew's Hospital Journal,

NOVEMBER 14th, 1898.

"Æquam memento rebus in arduis
Servare mentem."—Horace, Book ii, Ode iii.

AT first sight it is a matter for surprise that at the close of a century so materialistic in many of its tendencies we should find ourselves surrounded by Christian Scientists, Peculiar People, and Faith-healers of all sorts on the one side, and by blatant quacks and charlatans on the other. And yet on looking at the matter a little more closely some of that surprise vanishes.

There is a good story told of Sir William Gull when at the height of his fame. Dining one evening, in the company of some medical men, and among them Dr. Martin, then Physician to this Hospital, he declared that some amount of quackery was essential to success in medicine. "It is an example of the old saying," he averred, "*Plebs vult decipi*." The host asked for a terse English equivalent. "Oh, that's easy enough," said Dr. Martin quickly; "the

public like to be Gulled." And disregarding the joke at Sir William's expense, there is much of truth in the old maxim.

Plebs vult decipi. They like to hear dogmatic statements concerning the unknown; they crave for definite prophecies on matters where nothing is certain. This is precisely what they get from Faith-healers and quacks, and this is what an honest medical man can so seldom give.

As Professor Kanthack has recently reminded us, "medicine is passing from an empirical system to a science." While it was purely empirical its practitioners could adopt the airs of a magician, at once mystifying and convincing with a portentously grave shake of the head. The modern medical man who takes the scientific standpoint makes his appeal to reason—an appeal always distasteful and generally disregarded. His very honesty leads him to confess ignorance, thus putting him at a disadvantage with the quack, to whom nothing is unknown. So that the vulgar turn with relief from the cautiously qualified words of the former to the absolute self-confidence and unbounded promises of the latter. The medical man of to-day often shows his own scepticism for drugs; he cannot be surprised that patients therefore turn to nostrums which, it is declared, "have never been known to fail." So that we ourselves are in part to blame, for descanting in the presence of laymen on our ignorance of natural law, till the lay mind is apt to forget that if we know little, he knows less.

Mystery-mongers and quacks, though apparently so widely different, really appeal to one and the same instinct—unreasoning faith. And they make their appeal in very much the same terms, as the following quotation from the text-book of the Christian Scientists, entitled "Science and Health," will show:—"Working out the rules of science in practice, the author has restored health in cases of both acute and chronic disease, and in their severest forms. Secretions have been changed, the structure has been renewed, shortened limbs have been elongated, cicatrised joints have been made supple, and carious bones have been restored to healthy conditions. What is called the lost substance of lungs has been restored, and healthy organisa-

tions have been established even where disease was organic instead of functional."

Such sentences bring the Christian Scientist into line at once with the Munyons, the Holloways, and the pink pill vendors of the day. And what shall we say of this extract from the same precious "text-book"?—"When there are fewer doctors, and less thought is given to sanitary subjects, there will be better constitutions and less disease. In old times who ever heard of dyspepsia, cerebro-spinal meningitis, hay fever, and rose cold?" Such talk would be humorous were it not so dangerous to the community. And again we read that cleanliness is merely a pernicious medical fad!

An able writer in the *Daily Chronicle* has recently called attention to an aspect of the question which is worth consideration. He says: "The peculiar danger in entrusting the care of the sick to women, it seems to me, lurks in the hankering of women after some unreasoning form of faith. For many years it was a faith in priests, then it was a faith in fashionable physicians, nowadays more often than not it is a faith in quack medicines. But within the past week we have seen that there is a still more extraordinary form of faith besetting women which is likely to make them a greater danger in the sick-room than ever. I refer, of course, to the "Christian Science" superstition. The believers in this cult and the priests who administer its rites are—notoriously—women. That was bound to be so *a priori*. For the cult appeals at once to two of the strongest instincts in woman—her instinct for religious mysticism and her dislike of all positive, experimental science."

Of the more nauseous aspects of "Christian Science" we need not speak here. Some of them are now *sub judice*, and it will be a matter for inquiry how a man possessed of sufficient mental calibre to write a book like 'Illumination,' the late Harold Frederic, came under its influence. Meanwhile we may note that a disbelief in the reality of pain is apparently consistent with a very firm conviction in the reality of money.

Plebs vult decipi. And while this frame of mind endures every form of impostor, whether Christian Scientist, homœopath, or advertising quack, will assuredly have his reward.

Reminiscences.

Being the Introductory Address to the 104th Session of the Abernethian Society, delivered on October 6th, 1898,

By Sir THOMAS SMITH, Bart., F.R.C.S., Consulting Surgeon to the Hospital.



R. PRESIDENT, Ladies and Gentlemen,—Though I have the honour of addressing you at an introductory meeting of the Abernethian Society and its friends, I am told that I need say little or nothing to induce you to become members, since Dr. Calvert has already by his persuasive eloquence gathered into the Abernethian fold all but

those who are swayed by invincible prejudice, and where he has failed I am little likely to succeed.

Though I cannot promise that at the ordinary meetings of the Society you will have the special attraction which the presence of ladies lends to our gathering to-night, yet I venture to say this much: I can assure you that in attending the meetings of the Abernethian Society you will gain solid information, you will thereby take a more intelligent interest in your Hospital work, and you may acquire a facility in expressing your thoughts in words, and gain some experience in public speaking, an acquirement you will find of great advantage both in professional and social life.

I have been informed that the subject most likely to be of general interest would be some account of my recollections of this Hospital and the doings there in the early years of my connection with it. My friend who gave me this advice no doubt had in view the time of life at which I have arrived,—a time when one is only too apt to indulge in reminiscences, and too often to the discomfort of one's hearers; it has been named the time of anecdote, an epoch in a man's life immediately preceding the onset of dotage. I am prevented from relating many experiences which would vividly illustrate the contrast between the past and present, by the consideration that they would involve personal reference to individuals, who, though long since passed away, may have friends or relations to whom my remarks might cause annoyance.

The lapse of nearly fifty years has wrought great changes even in an ancient foundation like St. Bartholomew's, which is slow to move, and which reckons its life not by years, but by centuries.

My first impressions, as derived from what I gathered at the time I entered in 1850 from the talk of the Hospital, was that I had fallen on evil days, that the good old days had passed never to return—the days of Pott, Abernethy, and Vincent,—that those were the times to have lived in. I heard tales of their unrivalled skill and almost superhuman knowledge, and laments that we should never see their like again. And this spirit seemed to me to pervade the Hospital, which was in a scientific sense given over to the worship of its ancestry. Even up to comparatively late times the cult had not died out, as evidenced by the public utterances of the late Professor Humphry, who on festive occasions within this Hospital was wont to give vent to his feelings in the impressive inquiry, "Where are the giants of the past?" which, we may take it, was not a genuine inquiry as to their exact locality, but an indication that in his search for giants among his contemporaries he had been unsuccessful, and had discovered nothing but pigmies.

I am certain that at the time of which I speak the progress of surgery was hindered, as it was much more in ancient times, by a superstitious veneration for bygone authority, and that advancement in knowledge was delayed by the belief that the dicta of our more immediate ancestors comprised the last words that could be said on too many problems in surgery. The principles of surgery were considered to be settled and unalterable, whatever the practice might be, and any innovation which did not square with these principles was theoretically condemned, and I think it was the influence of this feeling which prevented our late much-revered colleague Sir William Savory from ever heartily accepting the theory or adopting the practice of the antiseptic system.

One has lived to see that the then principles of surgery were not a fixed quantity, and I am almost inclined to say (not as a reproach) that it has even now no fixed principles, but that discoveries may be made in the future which will modify our views of the past, and that it will be a hindrance to the progress of knowledge in our art if it is assumed that the so-called principles of surgery are unalterable.

I trust that you will not imagine that I in any way under-estimate the skill, or wish to disparage the attainments or reputation of past generations of surgeons, for I gratefully acknowledge the debt we owe to them. But they lived in their day, and their skill and eminence in their walk in life must be weighed against that of their contemporaries, the men of their own generation, and not estimated by comparison with the attainments of a succeeding generation.

The last half-century has witnessed great changes in our Hospital, in its administration, in the School, in the Staff, in the nursing, and lastly in the patients; and these changes, in my humble opinion, have all been for the better. I can only briefly refer to some. As regards the Hospital buildings, they were black with age, sooty-black, as black as St. Paul's Cathedral. There were two lofty stone arches connecting the adjacent wings, one at the Little Britain gate, and the other at the corner of Mr. Cross's residence. The third floors were little better than garrets. There was a pump in the middle of the Square, where tradition said (and I believe with truth) that a former apothecary performed his daily ablutions in the early morning, unconscious of impropriety, and unembarrassed by the

thought that the primitive simplicity of his proceedings would ever be the subjects of remark at an introductory meeting of the Abernethian Society. The present surgery had not been built, and of course the present School buildings did not exist. There was a public thoroughfare through the Hospital from the Little Britain gate to a gate which no longer exists, but which stood where the present library now stands; this latter was a very serious nuisance, and it was closed, I believe, with kind connivance of the City authorities.

In 1850 the permanent Staff consisted of twelve—three surgeons, three physicians, three assistant surgeons, three assistant physicians; there was one obstetric physician who was not on the permanent Staff, was not elected by the Governors at large, and whose subordinate position was emphasised on public occasions by his having to sit at the Hospital dinners below the Staff. A resident apothecary, who still lives, Mr. Wood, discharged the duties now undertaken by five house physicians and two casualty physicians, as well as the superintendence of the apothecaries' shop—sufficiently onerous duties, you will allow. You will be glad to know that he still lives, and is in the enjoyment of good health and a well-earned pension. There has been a large and gradually increasing addition to the Staff in later years, and the number of the present Staff, senior and junior, as compared with the past, has increased from sixteen to forty-seven.

It may be interesting here to notice the method of succession to appointments on the permanent Staff which was in force almost up to the time I entered. On the surgical side a system of apprenticeship had existed, and no one was appointed who had not served as an apprentice to one of the surgeons. For this privilege he paid a fee of four or five hundred guineas, and in return he was exempt from fees for Hospital practice; he often lived with his master, was supposed to receive instruction, and had more than a chance of succession to an appointment on the Staff. In Mr. Stephen Paget's excellent life of John Hunter you may find recorded that it was this system that prevented Hunter from seeking a Staff appointment at this Hospital. On the medical side the custom existed of electing none but graduates of Oxford or Cambridge, and this tradition continues to have some force even in the present day. Dr. Baly and Dr. Kirkes were, I believe, the first physicians appointed having medical degrees other than those of the two older Universities. There was a very strong opposition on the part of the Hospital executive to their election, and very largely on this account, and they owed their success in no small degree to the powerful advocacy of the *Times* newspaper. On the surgical side Mr. Lloyd and Mr. Paget were, I think, the first to break down the monopoly of Hospital apprentices. The results of these four elections and the advance of public opinion gradually put an end to these obnoxious restrictions, and the system became obsolete, as it deserved to do, though it is possible that at some period of the Hospital's history it had its advantages, which are not apparent to us now.

I am told that in more remote times vacancies in the Staff were occasionally filled up in a still more objectionable manner. For elections were made sometimes on a royal mandate, or on what was equivalent to a royal mandate, a letter from the Sovereign to the Governors written on behalf of the candidate, recommending him for election. Mr. Cross has kindly searched the Hospital journals, and has been so good as to furnish me with extracts showing that at a certain period in the history of the Hospital it was no unusual thing for the reigning Sovereign to intervene in elections to the Staff. Six elections were made in this manner, the first being Harvey, on whose behalf James I applied for the reversion of the office of physician. I will read the extract from the Hospital Journal.

"25th February, 1608.—This day Mr. William Harvey Doctor of Physic made suit for the reversion of the office of the Physician of this house when the same shall be next void and brought the King's Majesty his letter directed to the Governors of this House in his behalf and shewed forth a testimony of his proficiency for the same place under the hand of Mr. Doctor Adkynson President of the College of the Physicians and also other doctors of the ancients of the said College. It is granted at the contemplation of His Majesty's letter that the said Mr. Harvey shall have the said office next after the decease or other departure of Mr. Doctor Wylkenson who now holds the same with the yearly fee and duties thereunto belonging, so that then he be not found to be otherwise employed, that may let or hinder the charge of the same office which belongeth hereunto."

"14th October, 1609.—This day Mr. William Harvey Doctor of Physic is admitted to the office of the Physician of this Hospital, which Mr. Doctor Wylkenson deceased late held, according to a former grant to him made, and the charge of the said office hath been read unto him."

Charles II recommended three, Prince Rupert one, and James II three. It is interesting to see that Charles II and Prince Rupert both recommended a candidate for the same vacancy. Moreover the Prince recommended the King's surgeon. Perhaps you will not be surprised to hear that the King's nominee won the day.

"5th March, 1666.—Whereas by the death of Thomas Woodall late one of the Surgeons of this Hospital that place being now void; and upon reading His Majesty's letter on behalf of *George Horsnaye*: and also *Horsnaye's* petition: and like wise upon reading the letter from His Highness Prince Rupert on behalf of *Antony Choqueny* His Majesty's Surgeon in ordinary and like wise the said Prince's Surgeon as also the said *Choqueny* his petition being read; and further *Thomas Page* *Thomas Seele* and *Edward Cockrayne* Surgeons presenting their several petitions for the said place which were all like wise read; this Court did then proceed and put the said persons severally to election by hands which of them should be admitted into the said place during the pleasure of this Court; the same place by the greatest number of hands happened upon the said *George Horsnaye*; it is thereupon thought fit and ordered that the said *George Horsnaye* shall be Surgeon to this Hospital in the room of the said *Thomas Woodall* and to have the salary and perquisites belonging thereunto during the pleasure of this Court; and his Charge was now read unto him."

"20th November, 1678.—Upon the suit of *Frances Bernard* and *Nathaniel Hodges* Doctors in Physic for the Assistant Physician's place of this Hospital now void by the death of *Doctor Arthur Dacres* and the Court having read their petitions and also a letter recommendary from His Majesty on behalf of the said *Doctor Bernard*. And being severally put to the Court the election fell by a general and unanimous choice upon *Dr. Bernard*. It is there upon ordered that the said *Dr. Bernard* shall be the Assistant Physician to this Hospital in the room of the said *Doctor Dacres* to hold and enjoy the same with all rights profits privileges and advantages thereunto belonging in as full and ample manner as the said *Doctor Dacres* did hold and enjoy the said place. And his Charge was now read unto him."

"16th September, 1682.—Whereas upon the death of *Sir John Micklethwaite* late Physician to this Hospital the said place being vacant, And upon reading His Majesty's letter of recommendation on the behalf of *Doctor Edward Browne* and likewise the said *Doctor's* petition And also of a letter of recommendation from the Elects of the College of Physicians for and in behalf of *Doctor Samuel Collins* and *Doctor Charles Goodall* the said persons being severally put to the vote the election fell by a general and a unanimous voice upon *Doctor Edward Browne*. It is thereupon ordered that the said *Doctor Edward Browne* shall be Physician to this Hospital in the room and place of the said *Sir John Micklethwaite* deceased. To hold and enjoy the same with all the right and privileges profits and advantages thereunto belonging in as full and ample manner as the said *Sir John Micklethwaite* did hold and enjoy the same place. And his Charge was read unto him."

The following entry is of interest, as it refers to a time when all the hospitals were under the management of Royal Commissioners:

"20th August, 1686.—At a meeting of the Commissioners appointed by His Majesty's Letters Patent for Government of the several Hospitals of this City."

"This day *Thomas Gunter* Citizen and Barber Surgeon of London being recommended to this Court from the Governors of *St. Bartholomew's Hospital* is admitted one of the Surgeons of the said Hospital in the room of *Henry Boone* deceased to have exercise and enjoy the said place with the salary and benefits thereunto due and belonging during the pleasure of this Court."

The following curious entry suggests that the Commissioners occasionally had qualms concerning the suitability of their own nominees:

"17th November, 1687.—At a meeting of the Commissioners appointed by His Majesty's letters Patent for government of the Hospitals of this City."

"This day *Timothy Sutton* Surgeon being recommended to this Court by letter from His Majesty is by this Court admitted Surgeon Assistant in the Hospital of *Saint Bartholomew* in the room of *Robert Stevens* who was this day admitted one of the Surgeons of the said Hospital to have hold exercise and enjoy the said place during the pleasure of this Court."

"*Timothy Sutton* Assistant Surgeon was appointed by the Governors to be careful in the business that shall be assigned him."

The College of Physicians also possesses certain rights which enable it to nominate two of their Fellows on the occurrence of a vacancy on the medical staff. But this nomination, though always

made, has been but once acted on. The following extract will explain how this right has been acquired:

"Dr. Baldwin Hamy, by deed, dated 13th May, 1672, gave certain lands in Essex to the College of Physicians in London, upon trust, that when there should be a vacancy in the office of physicians to the Hospitals of Saint Bartholomew, Christ's or Saint Thomas, the said College should choose two persons to supply such vacancy, who should be fellows of the College and doctors of physic, whose names should be sent to the governors of the hospital where the vacancy should be, and, in case the governors of such hospital should choose one of such two persons to be physicians there, a yearly sum of £40 should be given to such physician chosen for Saint Bartholomew; a yearly sum of £30 to such physician if chosen for Saint Thomas, and a yearly sum of £10 if chosen for Christ church; to be paid by the Treasurer of the college half-yearly. And he declared, that the then doctors of the three Hospitals should receive no advantage by his deed; and, until a new election should be made of other doctors in form aforesaid, the said college in the interim should have the whole benefit of the rents and profits of the premises."

It has been the practice—and it is still—upon a vacancy in the office of physician to the Hospital, to send notice thereof to the College of Physicians, with a reference to the above grant. The College have generally named two Fellows of their own body; the only instance in which either of the Fellows so named was elected by the Governors was that of Dr. Salusbury Cade, elected Physician October 14th, 1708. With reference to this election it is recorded in the Hospital journal that "Doctor Salusbury Cade after he was elected Physician to this Hospital, did promise and declare, that he would accept of Forty Pounds per Annum from the College of Physicians, London (the gift of Doctor Baldwin Hamy deceased) in lieu of the Salary paid by this Hospital."

At the present day the College of Physicians are wont to nominate two of their most senior Fellows, lest by any possible contingency their nomination should be accepted, and thus they wilfully deprive themselves of the pleasure they might derive by contributing £40 per annum to the honorarium of one of the physicians to this Hospital.

Mr. Lawrence, Mr. Stanley, Mr. Lloyd, Mr. Skey, Mr. Wormald, and Mr. Paget, of whom but one survives, formed the surgical staff in 1850 and for some years after. They had all been Hospital apprentices, with the exceptions of Mr. Paget and Mr. Lloyd. After the remarks I have made on this objectionable system of apprenticeship you may be surprised to learn that Mr. Paget was my master, and that I was myself a Hospital apprentice, though not on the terms that I have before mentioned. It was on my master's part an act of disinterested kindness and pure friendship, for which I am ever grateful, and which leaves me under an obligation which I can never repay. I was the last of the race of apprentices, and by the time I came forward as a candidate for an assistant surgeoncy the whole system had become obsolete, and the very existence of apprenticeship had been forgotten.

In half a century the social manners and customs of the whole community have undergone no inconsiderable change, and a change on the whole for the better. How great the change has been in the upper classes you may learn in a most interesting book recently published, called *Collections and Recollections*. In reference to this change I dare say that it has been no greater in the social life of our own profession than in that of the clergy, the legal profession, the army, and other classes. But as regards ourselves the change has been in the direction of improvement in manners, in greater temperance in use of stimulants, and in the employment of what one may call less forcible language. In my younger days there still lingered in London a few of our own profession, survivors of a ruder age, a bygone generation, who, without the redeeming characteristics of their predecessors, imitated and exaggerated, and endeavoured to perpetuate their faults and failings. Such as these adopted a roughness of manner towards patients, and a coarseness of language which even at that time were the subjects of unfavorable criticism, and would now no longer be tolerate.

If you want to know something of the social life of the lower sort of medical students in times gone by, you can find it described in *Pickwick* or in Albert Smith's work, who was himself a medical student; and though these descriptions are caricatures, yet I am afraid they may have a small but a solid basis of truth. The manners and customs of medical students have undergone such a change that I claim for these gentlemen now a higher standard of morality and propriety, and a far greater devotion to work than any class similarly situated. So far as I am capable of judging, even among the more disreputable minority, there is a great improvement in this respect, and rational amusement, athletic exercises, and out-

door sports have largely displaced carousing and drunken orgies. But fifty years since there was neither football, tennis, hockey, nor golf, and the superfluous physical energy of young men was apt to display itself in many objectionable ways. There always were and there always will be among us, as there are in all professions, certain fellows of the baser sort, without principle, and destitute of a sense of moral responsibility. One such will serve as an illustration. I had forgotten his existence until I met him a few years since on a steamboat. He introduced himself to me as a student of former years when I was a Demonstrator of Anatomy. He had been practising without a diploma, having never qualified. After a few preliminary remarks he addressed me as follows:—"Ah! Mr. Smith, we were sad wild dogs when we were young, were we not?" (this, I regret to say, greatly to the delight of my son who was present). Having thus broken the ice, and claimed, and to his own satisfaction established, a companionship with me in his youthful indiscretions, he asked for the loan of fifty pounds to enable him to obtain a diploma. Through the help of friends he was able to present himself at more than one examining board, but failed to get qualified, and the last I heard of him was that he had destroyed his identity by changing his name, and had purchased the diploma of a deceased member of the College of Surgeons. He announced this in the following terms to one who had befriended him; after thanking him for his kindness the letter continued, "You will be glad to learn that I have at last succeeded in purchasing the diploma of a deceased medical man." And I have no doubt that the fact that its original possessor had no further need for it was to his mind a sufficient justification for the step he had taken. You must not suppose this culprit to be a fair specimen of a medical student of former days, but rather an example of the very lowest type of student; and it may be that such an one as this is not so blameworthy as would at first appear, but rather that he suffers from a congenital deficiency, and is born without moral principle, just as another may be born without fingers or toes.

There were in my time many—and very many—who led exemplary lives and worked steadily, and are now honoured members of our profession. Some worked wisely, some not wisely, but too hard. I call to mind in this connection a friend of my own, and a good fellow he was, whose whole waking hours were devoted to study. He took so little sleep that at last Nature took her revenge on him, and night after night he would fall asleep at his work, waking only in the early morning to find his head gently resting on the open pages of Quain's *Anatomy* or on those of Ellis's *Anatomy*, which he so dearly loved. This occurred night after night, until, driven to desperation, he threatened to blow his brains out; but from this unhappy fate he was rescued by the timely intervention of his landlady, and it was in this wise:—To aid him in his work he surreptitiously carried to his lodgings certain objects which more properly should have adorned the dissecting rooms, and these he kept—some up the chimney, and others in a stone jar in spirit. It being necessary to change the spirit and to assort and reject some of his treasures, he chose the dead of the night for his ghastly work, and cautiously opening his bedroom window, he poured the fluid contents of his jar into the back yard of the house, shut down the window, and retired to bed. You will allow this was a well-arranged plan, and carried out with becoming caution; but unfortunately a lady of the household had selected the same evening for meeting the object of her affections in the same back yard. I will not enter into painful details, but I will only remark that if the fire of true love could be quenched by any material catastrophe, it must have burnt very low in the breasts of those lovers at their parting that night. My friend went to bed all unconscious of the situation, but remained so only until next morning, when there came to him a fearful awakening to the horrors of his position in the person and presence of his indignant landlady, who was only pacified by a humble apology, a new dress for her daughter, and a promise of a reformation as regarded his habits of work.

I believe, though I do not know, that social life within the Hospital has undergone a change in late years. The migration from east to west has been steadily going on with increasing rapidity, leaving the City almost deserted as a place of residence, and times have changed since the College of Physicians was in Newgate Street and Mr. Lawrence lived in Warwick Lane; but in the nearer past the Treasurer lived within the walls of the Hospital, and a small but pleasant social circle was formed by the residents in the immediate neighbourhood.

As a young man I greatly appreciated the hospitality of the then Treasurer, who in winter-time gave a dance once a fortnight. There were other residents also to whose kindness I was indebted for much innocent enjoyment. Mrs. Wood, the apothecary's wife, in addition to other entertainments, at that time used to give an informal

dance in the apothecary's shop on New Year's Eve, the proceedings being terminated by a sprat supper, the sprats being cooked in what we may call the ball-room. It had a stone floor, and was furnished with the appliances of an apothecary's shop; it is now, I think, the waiting-room. I mention these things as an illustration of the innocent pleasures of a passing and nearly passed generation, when our tastes and habits were simple and uncorrupted by West-end associations. I scarcely think that the most vivid imagination here could picture to itself a repetition or continuance of these frivolities under the patronage of our present Resident Staff, yet before my day such things must not have been unusual, for I received from Sir William Savory the tradition that a certain lady, then resident in the Hospital, danced the polka exquisitely. In a recent work of fiction by a popular author the matron of a London hospital is described as opening a ball in the operating theatre, giving her hand to the senior surgeon for the first dance. This hospital is not obscurely indicated in the scene described. Whatever hospital the author had in view, I have no hesitation in saying, without fear of contradiction, that our honoured Matron, since her connection with this Hospital, has never danced in the operating theatre.

As another example of the homely and simple way in which our predecessors lived in times past, I may mention that I have heard the late Sir William Lawrence relate that Mr. and Mrs. Abernethy, when they went to the theatre, walked there, sat in the pit, and walked back to Bedford Row, generally purchasing their supper (in the shape of a lobster) on their way home. Can you conceive one of our senior medical officers walking home from the pit of a theatre with a lobster under one arm and her ladyship on the other?

In 1850 the teaching Staff, excluding lecturers, was limited to two demonstrators and one tutor who coached for the London University, and having in view the subject to be taught and the nature of the examinations I think they were enough. The Staff has now increased to forty-five, and having in view the number of subjects to be taught and the nature of the examinations, I think they are none too many. The subjects taught in those days were, for the College, Anatomy and Surgery, for the Apothecaries' Hall, Medicine, Midwifery, Physiology, Botany, Chemistry, and Toxicology, a formidable list; but for these last named it was usual to go outside the Hospital for instruction to Mr. Power, an excellent teacher, who held his classes at Exeter Hall. He had a great reputation, and he deserved it. His pupils read no books, but took notes of his lectures, and learned the notes by heart, and once a week or more often he examined his class *vivâ voce*. He is reported to have said he could pass any intelligent cabman in six months if the cabman would give him mind to it, and I believe he could.

Two years and a half was the ordinary time occupied in qualifying for both examinations, and it was sufficient for a student of average ability. Twice the time is now required, and it is none too long. The examination lasted one hour, and it was *vivâ voce*; it was a practical one in a thorough sense, and if a man had attended to his hospital work diligently he could pass in surgery, nor was it necessary to read a book on the subject,—at least I can speak from personal experience, for I never read a book on this subject until after I was qualified.

There being no junior appointments in the School but the demonstratorships of £50 a year, for some time one's only source of income consisted in coaching for the College of Surgeons; and as there were but ten examiners who held lifelong appointments, one got to know pretty surely the questions likely to be asked, and also the stock of questions belonging to each examiner. Those were halcyon days for both grinders and the ground, and I speak gratefully of the then existing state of affairs. It provided me and many of my contemporaries with the necessities of life, and for a time this was my sole means of subsistence.

Considerable thought and ingenuity had to be expended in getting some of the weaker vessels through, and the crucial test of one's skill was in passing a married man; and the triumph was in passing a married man with a family, such an one I call to mind, who after many failures went through the College literally on his knees. After more than one rejection he determined to try a last chance. It was obvious he could not pass on his merits, and that he could not satisfy the critical faculties of his examiners. It was therefore settled that after doing his best in the examination, before he left the room he should make a strong appeal to their mercy and philanthropy on the score of his wife and family. This he did, throwing himself on his knees and refusing to rise until he received some indication of a favorable answer. He passed and went into practice, and met with but a very moderate success. Poor fellow! he has since died in straitened circumstances.

At the time I am speaking of there was yet another device for

passing the College examination: it was by means of what was called a special court. A certain number of candidates for examination by paying extra fees could procure this special court. An extra meeting of the court of examiners was held to accommodate these gentlemen; the court of course received the extra fees, and I am not aware that candidates were generally rejected on these occasions. This method was expensive, but not seriously so, and the money was well laid out. There was a halo of glory about the announcement in the daily papers that at a special court So-and-so had been admitted a member of the Royal College of Surgeons. The public, reading the announcement, would think better of a man admitted at a special court than at an ordinary court, and would conclude he was no ordinary creature, and in this conclusion they would not be far wrong.

I will read to you an extract from the code of instructions to be observed by those preparing for examination, taken from Albert Smith's *Medical Student*:

"1. Previously to going up take some pills and get your hair cut. This not only clears your faculties, but improves your appearance.

"2. Do not drink too much stout before you go in, with the idea that it will give you pluck. It renders you very valiant for half an hour, and then muddles your notions with indescribable confusion (in this state the processes on the bones and the shapes of certain crystals become very difficult to determine).

"3. Put your rings and chains in your pockets, and if possible mount a pair of spectacles. Should you wear stand-up collars, turn them down; it gives you an intelligent and hard-working appearance.

"4. On taking your place at the table, to gain time drop your spectacles, and feign to be intensely frightened. One of the examiners will then rise to give you a tumbler of water, which you may with good effect rattle tremulously against your teeth.

"5. Should things appear to be going against you, get up a hectic cough, and look acutely miserable—which you will probably do without trying.

"6. When you have passed, say you were complimented by the Courts," and so on.

You must not imagine that two and a half years spent in London was all the medical education men received at that time. Every one of these students had served an apprenticeship to a medical man before coming up. They had attended midwifery, dispensed medicines, could write prescriptions with facility, had charge of patients, and very many possessed a good practical knowledge of their profession. They came to London chiefly to learn anatomy and physiology, to attend lectures, to see the practice at the London hospitals, and to obtain a diploma. The whole process was called "walking the hospitals." This conventional expression too often accurately defined the process by which men were supposed to gain a knowledge of the treatment of disease. The idler sort walked round the wards with the surgeon of the week in large numbers,—in such numbers that not more than a tenth of the number could see or hear anything; they walked into the out-patient room, stood behind the assistant surgeon's chair, whispered to one another, and after a time walked out again. They never missed an opportunity of seeing an operation; indeed, the operating theatre was generally crowded. There was but one operating theatre, and it was sufficient for the needs of that day, and one regular operating day when the whole surgical staff attended. The occurrence of an operation for an accident or some surgical emergency on any other day than Saturday at once interrupted all other work on the surgical side of the Hospital, and every one gleefully rushed to the theatre as a pleasant diversion from the monotony of a lecture or dissecting-room work.

The method of clinical teaching at this time was entirely different from that pursued at the present day; indeed, I cannot remember that I was ever called upon by my surgeon to make a diagnosis or suggest a treatment, nor can I call to mind that others were tested in this way. It was much less personal, and almost exclusively by lectures; there were but two demonstrators in the School—in the dissecting-rooms. But I think I may say that now-a-days in the wards all the senior Staff are demonstrators, while in the out-patient rooms the assistant physicians and assistant surgeons act in the same capacity.

This is not the time or place to refer particularly to the vast improvements that have taken place in surgical proceedings in the last half-century, but one cannot look back at the past without the deepest regret when one thinks of the lives that were lost through want of knowledge. Many here will appreciate the drawbacks to success that attended the practice of a surgeon who was also a lecturer on pathology, and who freely handled morbid specimens fresh from the pathological theatre, and who had for an assistant a

demonstrator of anatomy, in the days when the dissecting-room was not as it is now. Such was Mr. Paget, and such was your humble servant. Nor were we exceptions in the matter of septicism; all were alike, some less and some more surgically uncleanly. The more scientific a surgeon, and the more earnest in the pursuit of knowledge, the more likely was he to carry mischief to his patient, and for obvious reason. Though doubtless the mortality after operations was much larger in those days, it was not so great as you would imagine. Operations also were comparatively seldom performed, and a large number that are now matters of common practice were impossible, and were not even attempted. In looking back on those days one is chiefly struck by the slowness of wounds to heal, the abundant suppuration, and the constitutional disturbance that followed operations. We were, however, spared one cause of anxiety that haunts one now-a-days; there were no thermometers, and therefore no ascertainable temperatures, and we were in blissful ignorance of impending calamities.

Among the wonders of a wonderful century Wallace has rightly included Lister's antiseptic treatment, and we take a pleasure in honouring Lord Lister with all honours, and take an honest pride in claiming him as an Englishman, though it has been a surprise to some that he was not a Scotchman—and the belief of others that he is of that nationality which includes so many eminent men. But it was in Scotland that the antiseptic system was born, and it was the exceptional unhealthiness of a Glasgow hospital that led to its conception. Had Lister been connected with a more sanitary institution, or perhaps with a London hospital, the antiseptic system might even now have been undiscovered.

If one were asked what is the greatest and most far-reaching change that has come over the Hospital in its social aspect within the last fifty years, I think that answer would be—the introduction of educated ladies into every department that has to do with the treatment of patients. The emancipation of women, as it is called, while of great advantage to the community at large, has especially benefited St. Bartholomew's and other hospitals. Nursing the sick has been raised from the position of a menial and despised occupation, to be undertaken only by infirm and broken-down women, to the dignity of an honorable and honoured profession, to which young, gentle, and educated women are proud to devote their lives; but with a certain reservation, to which I will subsequently refer.

You scarcely need to be reminded that Miss Nightingale was the pioneer in this movement; it was she who at the time of the Crimean war startled the proprieties and conventionalities of society by going to the seat of war and undertaking the duties of a nurse; it was she who finally overcame all prejudice and opened the nursing profession to ladies, to the great advantage of all concerned. Of all professions and occupations which are now open to women there is none which, to my mind, is more suited to their peculiar capacities, and in which they are more useful to the community, than that of nursing. Nor does it altogether preclude their fulfilling that more responsible and higher duty of womanhood assigned to them by nature. They are bound by no irrevocable vows to their profession, but should a favorable opportunity occur, and they are minded to change their state, they can embrace that opportunity, and, with the matron's leave, perhaps something more concrete than an opportunity. It perhaps is greatly to be regretted that no proper nursing home exists at this Hospital, that there is no suitable building for the accommodation of nurses; and it is said that the delay which has occurred in providing a comfortable home has compelled some to seek for themselves a home elsewhere, and has rendered others less indisposed to listen to pressing invitations to abandon their profession.

The presence of educated and refined women in every department of the Hospital where the sick are tended is an incalculable advantage not only to the patients, but also to those who minister to the sick in other capacities than that of nursing—I mean the medical staff and the students. It has exercised a refining influence on their morals, their manners, and their conversation; and I speak thus of what I know, and bear witness to what I have seen.

The introduction of chloroform as an anæsthetic for operations took place a short time before I entered, and at first, before its risks were appreciated, it was not infrequently used as a plaything in other than surgical circles; and, indeed, it was administered even to ladies in drawing-rooms and after dinner. However, the occurrence of certain minor catastrophes soon put an end to its use in general society and at social gatherings, and limited its employment to legitimate purposes. Even at hospitals some little time elapsed before the risks attendant on its administration were recognised, and in this Hospital no special administrator was appointed until the year 1852. Meantime the duty was assigned to the house surgeon or dresser of the patient. I well remember the first fatal case, when there came a rude

awakening from a fancied security from all risks to a knowledge of the attendant danger. There was, of course, an inquest; and when the unfortunate dresser who had administered the anæsthetic was asked by the coroner how he would recognise that any one was completely under the influence of chloroform, he replied in his agitation, "When the patient has ceased to breathe." One of the earliest, and as I now know the most responsible of my duties as a young man—and a very young man—was the occasional administration of chloroform, and I little knew the responsibility I was incurring. At that time in all London there was but one recognised administrator—Dr. Snow, and one seemed sufficient for the requirements of the day.

With the spread of education to all classes the prejudice that existed against hospitals among the poor has entirely disappeared, and they no longer regard a hospital as a place where they cut you up—a common expression in past times. The difficulty now-a-days is to keep them out of a hospital, and this applies especially to those whose social position scarcely justifies them in availing themselves of hospital treatment. In former times it was no uncommon thing for a patient to refuse consent, even to an urgent operation which offered the only hope of recovery, and thus lives were lost which might have been saved; but except in the case of Polish Jews, this now rarely occurs. Necessary operations are submitted to without a murmur; indeed, when in extremity, patients exhibit an almost blind confidence in operative measures as able to save life under any circumstances.

And now I have nearly done with the past, but in taking leave of it I venture to quote the words of one who lived in the very distant past, and was reckoned a wise man: "Say not thou what is the cause that the former days were better than these, for thou dost not inquire wisely concerning this;" and indeed we will not, we cannot say of our times, our Hospital, our profession, that the former days were better than these: they were not nearly so good. There has been a steady improvement in manners and morals, an advance in intellectual attainments and scientific discoveries, and most notably a leap forward in medical knowledge, and, indeed, in all knowledge that conduces to the preservation and comfort of life.

And if we ask ourselves, What of the future? to what may we look forward? I would venture to answer, look back at the progress in the near past, and be thankful that the retrospect gives a sure and certain promise of a better future. It is to men and women of your generation that the future belongs, and it will be what you make it for yourselves and others in respect of advance in knowledge, in refinement of morals, and in all that concerns the welfare of the general community.

On Diagnosis.

A Clinical Lecture on the Diagnosis of the Common Form of Cancer of the Breast.

By HENRY T. BUTLIN, F.R.C.S., D.C.L., Surgeon to the Hospital.

No Help from Special Instruments.

GENTLEMEN,—In order to illustrate the application of the rules which were laid down in the first of these lectures, I propose to take the diagnosis of the common form in which cancer of the breast appears; and for several reasons. First, for the importance of the subject; second, because rarely a week passes but there are one or more cases in my consulting-room or wards; and again, because there are no special instruments or methods on which we can fall back in the making of the diagnosis, unless it be that now and again a portion of a tumour is removed for microscopical examination before a large operation is decided on. Otherwise we are no better off in respect to this diagnosis than former generations of surgeons.

I have used the expression "common form in which cancer of the breast appears." For at first it was in my mind to deliver a lecture on the diagnosis of tumours of the breast; but that was too large a subject. Then I thought it should be on cancer of the breast; but when I came to deal with it, I found that would be more than I could put into a clinical lecture. So I determined to limit the subject to the diagnosis of those cases in which the disease appears in the form of a *definite lump* in one or other part of the breast.

Importance of a Knowledge of Pathology.

You can scarcely believe how much assistance is derived in most cases from a good knowledge of the pathology of the disease, and of those for which it may be mistaken. For instance, here it is proper to keep in mind that a carcinoma of the breast, even when it takes the form of a definite lump, is not encapsuled, but is essentially an alteration of a portion of the mammary gland, from which it is not separable. Although it is first formed in the glandular epithelium, it tends to spread beyond the gland along the lines of fibrous tissue, particularly along those bands which are called suspensory, and which attach the gland to the integument in front and to the pectoral fascia behind. And as it contracts and tightens these fibrous bands, it draws the skin gently down towards the tumour, and produces the dimpling of which I shall presently have to speak. If the tumour lies beneath the nipple it produces a similar effect on the milk-ducts, and so causes retraction of the nipple. Extending backwards, it slowly fastens the tumour to the pectoral fascia. The lymphatic vessels sooner or later contain what we may for the moment call the "juice" of the cancer, which is thus carried into the axillary glands, or to those above the lesser pectoral muscle, or to both, and then to the glands above the clavicle in the posterior triangle of the neck. But, in addition, this "juice" may ooze back into the lymphatics of the skin, and be here and there arrested, and form the centres of little lumps and plaques of cancer. These and the primary tumour involve the skin, often to a large extent, and ulceration may take place, the base and sides of which are hollowed out in the substance of the cancerous growth. Of the further course of the disease it is not needful now to take note, for you have for the present quite enough for the purpose of this lecture.

Diseases which may and Diseases which ought not to be mistaken for Carcinoma.

Were I to ask what diseases are likely to be mistaken for carcinoma, I feel sure I should be told sarcoma and adeno-fibroma. But this is so far from being correct that I feel sure I may say that no person who is at all skilled in the diagnosis of tumours of the breast would be likely to mistake either a sarcoma or an adeno-fibroma for carcinoma. The

diseases which are almost always mistaken are simple cysts and collections of cysts, and certain indurations, which are sometimes fibrous, sometimes of mixed structure, but often of somewhat uncertain pathology. I should add to these, from my later experience, tubercle, for I have met with three instances in which tubercle of the breast was mistaken for malignant disease, and in two of the three amputation of the breast was performed in the full belief that the disease was carcinoma.

Supposing now a person brought or sent to you with a tumour of the breast, you take the points of the case according to the scheme which was laid down in the introduction to these lectures. First, the

General Aspect of the Patient,

and the age; knowing, in respect to age, that carcinoma is very much more common after forty years of age, and that it is only very rarely seen in women under thirty, and practically never in women under twenty years of age.

You notice whether the patient looks well or ill. Do not expect to see a cachectic or even delicate-looking person. When the disease is in an early stage the patient may look just as well as any woman of her age, and may fully bear out the observation of my old master, Sir James Paget, that many cancerous patients "are, for their age, in a full average of general good health." If a patient looks very ill, and the disease is in an early stage, you must search for the cause of the ill-health in some other condition than the cancer for which you are consulted. Of course, a woman may be, and often is, temporarily out of health from the distress occasioned by the mere presence of the tumour. But that is only a passing condition, very different from permanent ill-health.

Social position appears to have no influence on the occurrence of cancer of the breast. But a very large majority of the patients are married women or widows.

The History

of the case will probably be very different, in one respect, from what you would expect. The general impression seems to be that the breast is painful for some time before the tumour is discovered, and that the attention of the patient is first called to the disease by pain. So far from this being the case, I believe the very large majority of cancerous tumours of the breast are discovered quite by accident. When the hospital patients used to tell me this I thought that they were very unobservant, or that they were not telling me the truth. But the same history is repeated to me so frequently by educated persons at the present time, that there can be no question that it is correct. Yet the tumour is in many cases as large as a large walnut or a Tangerine orange.

In some instances there is a distinct history of injury preceding the occurrence of the disease. One lady told

me she was watching a game of tennis, when she was struck sharply on the breast by the tennis ball. The breast was severely bruised, and as the bruise disappeared the cancer tumour seemed to take its place. The history of previous inflammation or suppuration in the same breast is thought to have a certain value in the diagnosis of the case.

The absence of a family history of cancer is of little importance. Nor is the occurrence of cancer in one member of the family of serious import. But if cancer has occurred in several members of the family, especially on one side (the father's or the mother's), that makes the probability of cancer greater.

Examination of the Breast.

Mr. Bryant recommends that for this purpose both breasts should be exposed, and the patient should be placed in a good light. You may carry this out in hospital practice, but you will find it very difficult to do so on patients who consult you, generally for the first time. It is often at first difficult to obtain a proper examination of the affected breast. But with a little persuasion and gentleness you will be able to examine both sides separately, and to compare them sufficiently for your purpose. Their relative size and position on the chest wall are compared. You search first with the eye for any actual prominence, for plaques or nodules in the skin, for any depression, however slight, for enlarged and full vessels, and particularly for any alteration in the condition of the nipple, retraction, either complete or partial. From what has been said of the pathology of the disease, you will appreciate the value of dimpling of the skin. This may not be apparent until an attempt is made to draw the skin up off the surface of the tumour; it can easily be raised, except at the central part, where the dimpling becomes pronounced. In a doubtful case its importance as a sign of cancer can scarcely be too highly estimated. It is not so sure a sign of cancer as the plaques in the skin, but it is often more useful because it is an early sign.

Of retraction of the nipple, I would point out that it takes place when the tumour involves the milk-ducts. Also that the nipple may be retracted without any apparent cause. Sometimes it is always so and only on one side. And I have seen a lady in whom the retraction of the nipple came on gradually about the climacteric, much to her own alarm and that of her doctor. She was brought to me for an opinion, and I failed to find any tumour or cause for the retraction. She was afterwards seen by Sir James Paget, who told me that he had seen several similar cases, and that the retraction in them had no serious significance.

After looking, you feel the breast. And you must be careful not to make a tumour by the way in which you make your examination. If a part of a normal breast is taken up between the thumb and fingers, there seems always to be an induration there. But press the breast

back against the wall of the chest, and the tumour vanishes. You would scarcely think it possible that a medical man of any experience should imagine the presence of a tumour where there is none. But I have seen at least six patients who had been advised to have the breast removed for cancerous tumours which had absolutely no existence. The tumour, of whatever kind, should be clearly felt between the integument in front and the wall of the chest behind; the ribs can be easily felt through the normal breast. A cancerous lump is almost invariably hard, often very hard, nodular, continuous with the mammary gland, moveable, perhaps freely moveable, but only with the part of the gland in which it lies, seldom painful, and seldom even tender.

These physical characters, which are so easily perceived in a thin patient, are very difficult to make out in a very stout person, especially when the tumour is deep-seated in the breast, and is covered by a thick layer of fat. The induration and nodular surface may be quite obscured.

Naturally, on the examination of the breast follows the—

Examination of other Parts.

And first of the axilla and intervening tissues. In the examination of these parts bear in mind that the normal breast extends round towards the axilla in a kind of spur, which passes over the border of the pectoral muscle and feels to the fingers like a broad knotty cord or skein of cords. This is frequently mistaken for enlarged lymphatics, and is thought to be a sign of cancer. It is but a part of the normal breast. The axillary glands are generally enlarged within a few months of the first discovery of the disease, and may be felt much earlier than this. Unfortunately they may be present, but not perceptible to the touch. This is especially the case in stout patients. The best way of finding them is to feel deeply from the apex of the axilla down along the wall of the chest, when they can be often felt rolling between the fingers and the ribs. The examination of the glands is of the greatest importance. Whether they are large or small, whether they move freely or are fixed, they are always hard. In cases in which the symptoms presented by the primary disease are very doubtful, so that you may be in two minds between cyst and cancer, the hard fixed glands in the axilla tell the tale of cancer to a certainty. And of one thing you may be sure; at an operation you are certain to discover many more diseased glands than you could feel before it.

Prominence of the pectoral muscle and fulness of the infra-clavicular regions probably indicate affection of the glands; and the lower part of the posterior triangle of the neck must be carefully searched for glandular enlargement.

Every part, from the breast up to the posterior triangle of the neck, should be carefully compared with the corresponding parts on the other side. I cannot think why this is so often neglected. The actual clue to a difficult dia-

gnosis may lie in the parts on the other side of the body. A lady was suffering from a tumour of the left breast of very suspicious nature. I could not make up my mind whether it was cancer or a cyst enclosed in thickened mammary gland. But in the other breast, which she believed to be healthy, I discovered two similar lumps of the nature of which there could be no doubt; and these led to the correct diagnosis of the suspected tumour. So, too, I have several times seen patients with a tumour in the breast which did not feel to be cancerous, but with enlargement of the glands in the axilla, which had cast suspicion on the primary affection of the breast. But in the other axilla were precisely similar glands, so that the importance of the glandular enlargement was completely discounted.

In every case of suspected mammary cancer the examination should include a general survey of the body, so far as this can be managed. The condition of the liver and lungs especially needs to be known, for these are the parts in which secondary growths are by far most likely to occur, although they are very rarely affected at the period during which the diagnosis is still in question. The more complete such an examination in a difficult case, I am sure the better. If it is not needed for the making of the diagnosis, it may have a great deal to do with the question of operation.

The Diagnosis

may sometimes be made by the direct or positive method. The symptoms are so clear that they can scarcely by possibility belong to any other kind of tumour than cancer. A hard, nodular tumour in one breast, of about two or three months' duration, continuous with the mammary gland, becoming adherent to the skin, so that it is deeply drawn in over the tumour, or associated with retraction of the nipple, in a woman between fifty and sixty years of age, is almost certain to be a carcinoma. And the probability is greater, if there is an absence of pain and almost of tenderness, if the tumour was observed in the first instance by accident, and if there are enlarged and hard glands in the axilla. It is difficult to understand how such a tumour could be other than a cancer.

But in many cases the diagnosis can only be made indirectly. For a cancer of the breast may be covered by a layer of adipose tissue, which may quite conceal its hardness and knotty surface. It may be deep-seated, and so produce no dimpling of the skin or retraction of the nipple. And there may be no perceptible glands in the axilla. To distinguish it from a cyst may be impossible. Deep-seated cysts in large breasts seldom fluctuate, and are often scarcely perceptibly elastic. An induration of the breast which is not cancerous may be precisely like a carcinoma; for, after all, a carcinoma is but a special induration of a portion of the mammary gland. And I have seen two cases of tubercle of the breast which were so precisely like carcinoma in every

respect that the possibility of tubercle never entered my mind.

To help you in these difficult cases, bear in mind that the chances are you will never, in the whole course of a long experience of surgery, meet with more than one case in which tubercle of the breast resembles cancer; probably not with one case. And if you do make the mistake no harm is done, for the best treatment for tubercle is the free removal of the disease. Even an incision into the tumour will not always help you under these circumstances. Some years ago I diagnosed carcinoma of the breast and glands in a lady just over forty years of age. Before removing it I cut into the tumour, and thought that it was cancer. And after the operation I cut out a piece of the growth for microscopical examination, and even then thought it to be cancer. Had it not been for the microscopical examination I should never have known, to this day, that the tumour was tubercle, not cancer.

Indurations, unless they are such as are likely to become cancerous, are rarely single. You will generally find more than one of them in the affected breast, and both breasts commonly contain them. So far as I know, they are not associated with dimpling of the skin, or with retraction of the nipple, unless they are acute and about to suppurate, in which case they are not likely to be mistaken for cancer. These indurations are more often painful than are the cancerous tumours.

Last, a cyst usually offers a sense of elasticity which does not belong to carcinoma. There is not infrequently a history of variation of size, and of pain with a sudden increase of its size. The glands are often enlarged in such cases, but they do not feel like cancerous glands. And again, cysts are rarely, if ever, associated with dimpling of the skin.

In going over the diagnosis of a tumour with my class I observe a certain formula in my questions:

Is the tumour fluid or solid? if solid,

Is it inflammatory or non-inflammatory? if the latter,

Is it an infective tumour (tubercle or syphilis) or a true tumour? if the latter,

Is it innocent or malignant?

After excluding one by one all but the malignant tumour, the positive reasons for believing it to be malignant are drawn up in form, and put as forcibly as possible.

So far as the doctrine of chances is concerned, a solitary tumour of the breast in a woman over five-and-forty years of age is infinitely more likely to be carcinoma than any other disease.

The Confirmation of the Diagnosis.

We are accustomed in this Hospital to confirm the diagnosis in every instance in which there is the least doubt by an incision into the tumour before the operation is proceeded with. The rule is a wise one, and has saved us

from many mistakes, and from the performance of larger operations than are necessary. Even this precaution will not always help an inexperienced operator, and I have sometimes been astonished at the confidence which is reposed in it by the members of my class, and have wondered how far any one of them, acting alone and on his sole responsibility, would be able to decide on the nature of a disease felt or dimly seen through an incision. I do not know whether any work on surgery would help you much in this matter; for it seems to be assumed by most writers that the nature of a tumour is instantly evident when it has been opened. It certainly is so if the disease is a cyst, but not otherwise. In fact, we who are constantly engaged in operating are sometimes still in doubt after a tumour has been cut into. I have told you how I once thought tubercle was cancer, and I am not sure I might not make the mistake again. We generally recognise the cancerous nature of the disease by the manner in which the tumour cuts—hard and crisp, by the absence of capsule, and by the slight drawing in of the surrounding tissues, by its opaque and rather yellowish surface, which is more often concave than bulging into the incision, and by the presence of more decided yellowish spots or patches on the cut surface of the section. Several times of late years, where an incision has left me still in doubt, I have cut out a portion of the tumour for microscopical examination, closed the wound, and amputated at the end of a week or ten days if the disease proved to be carcinoma. Let me say that the knife with which the exploratory incision is made should not be used during the operation; for although it is extremely difficult to inoculate cancer, even in an individual who has it, it is well not to run even a remote chance of doing so.

Of the desirability of this preliminary incision I have seen more than one excellent proof. Many years ago, when I was constantly engaged in examining tumours which had been removed by other people, an old pupil of the Hospital sent me a breast which he and his senior partner had removed for cancer. They sent it to me just as it had been removed. Before cutting into the tumour I felt it, and thought that it contained fluid. I then cut into it, when lo! a quantity of clear fluid ran out, and the "cancer" disappeared. I was shocked at the time to think so needless a mutilation had been practised for the cure of a simple cyst, and I wrote to the operator telling him what had been found, and advising him in future to make an incision into a tumour before he began to remove it, as we do frequently here at the Hospital. At the same time I advised that he should keep his own counsel, as the mischief had been done, and there was no means of remedying it; that he should not even tell his partner, who did not operate himself, and the knowledge of the mistake was not likely to be useful to him. I also told my friend that he would certainly achieve a reputation, which he would not deserve, for curing cancer of the breast by operation. This, I am

grieved to say, has come quite true; for not long ago I met the senior partner, and asked him whether he remembered this woman, and whether she was yet alive. On which he rubbed his hands and said, "Of course I do. She is perfectly well, and the cancer has never returned, although it is many years since the operation was performed."

Dentistry for Medical Men.

By R. C. ACKLAND, M.R.C.S., L.R.C.P., L.D.S.Eng.,
Assistant Dental Surgeon to the Hospital.

I. TEMPORARY RELIEF OF TOOTHACHE.

THE general practitioner is often called upon to relieve toothache whilst treating his patient for a more primary and more serious trouble. In these days more often than not he can obtain the services of a dental surgeon. For those patients in treating whom from one cause or another it is desirable to do nothing of a permanent or orthodox nature, it is perhaps useful for him to possess some simple and convenient means of arresting pain. Such patients may include the highly nervous, patients suffering from some systemic disease, as acute phthisis, heart affection, delirium, &c. Women during pregnancy—at which time they seem particularly liable to toothache—will often seek relief from their medical man rather than face the dentist's chair. There are, no doubt, many others for whom he may wish to find relief with as little disturbance to his patient as possible. Medical men in the country districts and the army or navy are often requested to extract a tooth, which, perhaps, by the application of a simple remedy ready to hand, might be saved until the more expert treatment of a dental surgeon could be had.

Before trying to heal toothache in this way he will first have to carefully determine from which of the two great stereotyped causes of toothache the pain is derived. Toothache, as far as the medical man is concerned, is practically always due to one of two distinct causes:

1. Inflammation of the pulp.
2. Inflammation of the periosteum.

As these two troubles require quite different treatment, it is of the greatest importance to determine which of these conditions is present.

1. *Inflammation of the pulp.*—When caries has once penetrated the enamel it is liable to cause more or less inflammation of the pulp. The advance of the caries itself may do this, but more often the immediate cause is food or liquids which get into the cavity, and which may either mechanically, chemically, or thermally cause irritation of the pulp.

Search the cavity or cavities of the side of the mouth complained of by probing with an ordinary silver surgical

probe bent to the required shape, to see if the mechanical irritation of the probe's point will reproduce or increase the pain. To test the cavity further, apply rather hot or rather cold water on a pellet of cotton wool to see if thermal change affects it.

Treatment.—First syringe and well wash out the cavity or cavities with a solution of carbolic acid in water (1 in 40), to remove the mechanical or chemical irritants as far as it be possible. Now take two pieces of cotton wool and prepare them as follows:—The first, a mere shred, soak in carbolic and water (1 in 20); the second and larger—of a size so as to nearly fill the cavity when slightly compressed—soak in ordinary surgical collodion. Then dry out the cavity with a piece of cotton wool, using an ordinary pair of dressing forceps, and immediately insert the shred of cotton wool in carbolic, followed as quickly by the larger pellet of collodion wool. Should the shape of the cavity be against its retaining this temporary stopping, try and use a surface of an adjoining tooth to help to keep it in. The collodion precipitates in the meshes of the cotton, and will soon form a temporary stopping, which, although not of course preventing further decay, will generally tide the patient over for a time without further pain. If there be more than one sensitive cavity, put a temporary stopping in each.

2. *Inflammation of the peridental membrane and periosteum.*—This is generally a result of the death of the tooth following on the further development of the foregoing pulpitis. It is generally very easy to diagnose, as the slightest pressure on the affected tooth causes pain, and tenderness of the gum over the root or roots is always present.

Treatment.—In its mild form it is best treated by drying the gum and painting on a liniment made up as follows:

Liniment. iodi }	...	...	...	āā 3j.
Tinct. aconiti }	...	...	...
Chloroformi	...	...	...	℥x.

In this form it is sometimes associated with pulpitis, in which case treat the pulp first and paint on the liniment after. In a later stage, but before suppuration has taken place, inject into the periosteum three or four minims of a 1 per cent. solution of cocaine, freshly made with distilled water, or failing cocaine, use distilled water only. Hold the point of the needle obliquely against the side of the tooth, so as to guide it into the interval between the root and the alveolar bone. In the suppurative and abscess stages poppy-head fomentations held hot in the mouth is generally effective. It is best made by taking two ounces of poppy-heads and boiling them in a pint of water sufficiently to evaporate it to half a pint in volume, straining off the liquid and using it hot. Leeches, with or without a tube, can be applied if the patient will undergo the treatment. If an abscess be present, it should be drained if possible.

A great deal of relief is often given by general treatment, such as with calomel, &c.

Some Experiences of Plague Duty in India.

By W. NETTERVILLE BARRON.

IN November of last year, while engaged in waiting for "something to turn up," I heard that the Indian Government were in need of a number of medical men to combat the plague which has during the last three years caused such wide-spread distress in Western India. Together with several others I offered my services, and was duly certified by their own physician as fit to face the somewhat exaggerated dangers of an Indian climate.

I was not the only Bart.'s man who sailed in the "Caledonia." There were others who shared that dubious honour, but of them I need not speak; let them tell their own tales in their own way.

I must, however, say a few words about poor Selby, and his untimely death soon after reaching our destination. He was one of my cabin companions on the voyage, as he had been one of my colleagues when we were both "clerking" for Sir Dyce Duckworth. A more thorough, straightforward, and honest character I have never met. Conscientiousness marked his every action, and throughout the voyage and during the short time he lived in India I am confident that there was not one among us who did not feel a profound respect for our unfortunate friend. His death at Poona came as a severe shock to us all, and gave many of the more light-hearted "pause" by serving as a reminder that we were after all a little nearer the "beyond" than when we sat and smoked cigarettes round the fountain in the square.

Life on board was comparatively uneventful—for some of us at any rate. At last we entered the beautiful harbour of Bombay, which is a very different thing from the harbour of beautiful Bombay, because the latter is much too modern, and, like Hamlet's father, its "offences smell to heaven." Having paid a native exactly fifteen times too much to drive me to the Great Western Hotel, and having afterwards strolled round the town and presented myself with others to the Secretary-to-the-Surgeon-General-with-the-Government-of-Bombay, a gentleman who was much more affable than his title might lead you to suppose—having done all this, I began to feel that I was on the verge of making history. Alas for human conceit! I quickly found that such was not the case, unless, indeed, some one undertakes the task of writing an exhaustive treatise upon the plague. Most of us stayed about ten days in Bombay, during which we went about sight-seeing. But no one need be alarmed; I do not intend to write an Eastern Baedeker, nor a history of the Presidency.

There was an M.P. on board, not unconnected with the wine trade. He is undoubtedly the proper person to undertake such a task, more especially as he remained for quite a month in India. We had all, I imagine, some difficulty in

obtaining servants, as plague doctors are not exactly the kind of masters desired by the timid Goanese, who form such a large proportion of the servant class in that portion of the peninsula. I eventually succeeded in acquiring, for the modest sum of Rs. 18 a month, what might be supposed to answer to the term "trusty henchman," but who called himself Gabriel Paul Pereira, and was, I believe, a general of division in the Portuguese Indian army. He was rapidly nearing the sere and yellow leaf of his life, but his step was as firm and his carriage erect as when he led his victorious forces against imaginary foes in little Goa.

On leaving Bombay I went to Nasik, a small and sacred town close to Deolali, which is the chief camp for troops on their first arrival from the home stations. I only stopped at Nasik for a few days, but during that time became acquainted with one or two somewhat unusual individuals. If I were asked what particular novelty struck me most at the beginning of my visit, I should unhesitatingly answer, "Pride of race," as evinced by the average Anglo-Indian. Pride of race sounds rather a nice sort of sentiment, doesn't it? And so it is when kept within reasonable limits; but, alas! the limits in India tend towards the elastic. Perhaps it is the heat, perhaps the as often as not desolate surroundings; or perhaps it is a greatly increased sense of responsibility, which finds its expression in a domineering manner. Unfortunately, so long as the large majority of natives remain grossly ignorant and superstitious, just so long must the Englishman remain overbearing. Were he not so the British raj would be quickly added to that long list of dynasties which have at various times ruled this perplexed country, but which are now little more than memories.

As yet I had seen very little plague—a few cases in Bombay, and a few in camp at Nasik, where the newness of everything had been so interesting that a mere disease seemed entirely superfluous.

I left Nasik to become a railway inspector at Munmar or Manmad, a junction on the G.I.P.R., draining the traffic from nearly every part of India. It was a fairly responsible post, but the work was of a deadly monotonous type, consisting in the inspection of trains for real or suspected plague, and the imposing of quarantine on whomsoever I thought fit.

Now I do not wish to malign the native subordinate officials. They frequently do their work admirably, and make the most perfect clerks, but their notions on bribery and corruption are, to say the least, a little lax. "If you are willing to pay me Rs. 5 to let you go through, and I am willing to take it, where is the harm?" Where indeed? And yet in this very bribery and corruption lies the whole *crux* of the situation. If reliable men were to be had in sufficient numbers, then plague might be comparatively easily stamped out; but they are not to be had, and so it spreads, helped on its devastating course by the very men who may shortly become its victims. Munmar is populated by rail-

way officials of various sizes, grades, and descriptions—from the executive engineer to the stoker, all ticketed and in their proper order. The most inflexible laws rule this order, and woe betide any luckless individual who makes a mistake in it. These social amenities are, however, interesting locally, but dull reading to the world at large, and on that account I will not bore you with what happened when two dogs belonging to different owners of unequal grade fell out, or what Mrs. X. said of Mrs. L. when the latter * * *

During my first stay at Munmar I lived in what is known as the Dâk, or Travellers' Bungalow, which is a sort of glorified shed built by the Government for such wanderers as myself.

There is a species of bird called the Dâk Bungalow hen, which stands very high on the leg, and is possessed of both remarkable sprinting and staying powers. These, being coupled with great dodging ability, render the fowl extremely difficult to capture; so difficult, indeed, that dinner is often delayed by the absurd prejudice of the bird to being handled. When cooked they are very indigestible.

Of the fauna, the goat is far the most common. By the servants it is occasionally called mutton, and, when served with mint sauce, lamb; but these, I believe, are, scientifically speaking, sub-varieties.

I had not been at Munmar very long before I discovered that my own immediate ancestors were a subject of curious interest to some of the natives. Did I offend them, then my grandmother suffered in her reputation to a considerable extent, while if my conduct was pleasing the dear old lady was correspondingly popular. Natives usually express their sentiments in a somewhat eccentric manner; and here is a story in point.

Soon after I arrived at Satara, where I went on account of my health, one of my clerks remarked to me, "Sir, there is, I think, a certain concomitance between the exterior and the interior of a man." Having expressed myself as in agreement with him, he continued, "Now you, sir, while you have a *repulsive* countenance, have a most kind heart." I must add in my own vindication that he meant "stern," and not "repulsive," although it has since been suggested that he probably meant both.

When I had been about two months at Munmar I received a telegram to proceed at once to Malegaon, thirty miles up country, in order to look after a Dr. B—, one of my fellow-passengers, who had through ill-luck contracted the plague. On my arrival I found my patient very ill indeed, so that I almost despaired of pulling him through; and had it not been for the invaluable aid I received from Mrs. S—, a young married lady, who, with the consent of her husband, offered to act as nurse, and afterwards from a young lady member of the Zenana Mission, I do not know what I could have done. Lieutenants C— and M— also sat up at night and gave great assistance, so that between us all we cheated the gentleman with the scythe, and Dr. B— is now, I

believe, a house physician at Guy's. "More power to his elbow!"

My health rather broke down at Malegaon, and a bad attack of jungle fever eventually laid me flat, so that I in my turn had to be nursed. Back I was carried to Munmar, and there so pampered and looked after that it was with many a regret I was at length ordered to Satara.

After I had recovered from the fever I was inoculated with Professor Haffkine's preventive serum. I had been already given the chance in Bombay, but had refused. *Experientia docet*, and now I am all in favour of inoculation, but it ought to be done at least once a year. I have been requested not to try and say anything scientific, and so I won't attempt to argue the *pros* and *cons.* of inoculation, but I must say that in my opinion there are many *pros* and very few *cons.* Natives generally hold just the opposite view. Many maintain that it renders them impotent, or that leprosy results, or that their arms will drop off, or that in six months their livers will rot out, and will then be sent as a present to the Queen.

(To be continued.)

Notes.

THE Harveian Oration was delivered before the Royal College of Physicians on October 18th by Sir Dyce Duckworth. The subject chosen was "The Influence of Character and Right Judgment in Medicine."

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DR. LAUDER BRUNTON opened the Session of the York Medical Society last month by a timely address on "Exercise and Over-exercise."

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MR. LANGTON has been re-elected President of the Clinical Society of London.

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IN connection with the Royal Institute of Public Health, Sir R. Thorne Thorne delivered the first Harben Lecture on "The Administrative Control of Tuberculosis" on November 2nd, at 5 p.m. The subsequent lectures will be given on November 9th and 16th.

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THE Lettsomian Lectures will be delivered before the Medical Society of London by Dr. Samuel West on February 6th and 20th, and March 6th, 1899, at 8.30 p.m. Dr. West has announced as his subject, "Some of the Clinical Aspects of Granular Kidney."

* * *

THE Annual Oration will be delivered before the same Society on May 15th, 1899, by Mr. Alban Doran.

MR. LIONEL J. PICTON, recently elected Senior Entrance Scholar in Science, has been awarded the Welsh Prize in the University of Oxford for drawings illustrative of human anatomy.

* * *

MR. V. H. BLACKMAN has been elected Fellow of St. John's College, Cambridge.

* * *

MR. J. J. BOYAN has obtained the first place in the recent examination for the Navy Medical Service.

* * *

SURGEON-LIEUTENANT JOSIAH OLDFIELD, of the 1st Essex R.V.C., has obtained his certificate of proficiency.

* * *

IN our announcement of the death of Surgeon-Captain A. W. F. Russell, I.M.S., an unfortunate mistake was made. He joined the service in 1894, not 1874 as reported. The deceased officer was in his thirtieth year.

* * *

THE Twenty-third Annual Dinner of the Cambridge Graduates' Club of St. Bartholomew's Hospital will be held at Frascati's Restaurant on Thursday, November 24th, at 6.45 for 7 p.m. Dr. Howard Tooth will take the chair. Applications for tickets should be addressed to one of the honorary secretaries, Dr. Morley Fletcher and Dr. Horton Smith.

* * *

THE entry for the year 1898-9 is 189, divided as follows:

Full entries	100
Special entries for Lectures or Hospital Practice and Preliminary Scientific ...	89
Total ...	189

Below are the entries for the past seven years:

Year.	Full.	Special, including Preliminary Scientific Class.	Total.
1892 ...	112	38	150
1893 ...	95	61	156
1894 ...	119	74	193
1895 ..	105	82	187
1896 ...	84	81	165
1897 ...	97	91	188
1898 ...	100	89	189

This year's entry at Bart.'s is easily the highest at any London Medical School, and is only surpassed in any English school by the University of Cambridge, which records 127 entries.

* * *

ON November 1st a meeting of representatives of the chess clubs of some of the hospitals was held to consider the question of an inter-hospital competition. The meeting

was not considered sufficiently representative to draw up a completely digested and authoritative scheme. We are requested to ask some chess enthusiast from this Hospital to attend a meeting at 8 p.m. on Thursday, December 1st, at Dr. Fred. J. Smith's house, 4, Christopher Street, Finsbury Square, to further consider suggestions and to arrange details.

Amalgamated Clubs.

A MEETING of the above was held on Wednesday, October 19th. Mr. Furnivall kindly took the chair. Messrs. C. G. Watson and H. J. Pickering having resigned the Secretaryships of the past year, the following were elected Secretaries for the year 1898-9:—Mr. L. E. Whitaker, Senior; Mr. A. R. Tweedie, Junior.

RUGBY UNION FOOTBALL CLUB.

ST. BART.'S v. CIVIL SERVICE.

Played at Winchmore Hill on October 15th. This was our first match of the season, Sandhurst having scratched on the previous Saturday. The result was a draw, each side scoring a goal and a try (8 points).

St. Bart.'s lost the toss, and for the first ten minutes had the worst of the game. A long kick by Gillies found touch in the opposite "25," and smart passing among our outsiders resulted in James crossing the line near the corner, whence he made his way behind the posts. Unfortunately, however, the ball was held just as he was about to put it down, and a five-yard scrumage took the place of an apparently certain try. From a scrumage on our "25" line a couple of Service players broke away, ran straight through our three-quarter line, and scored in a good position, a goal resulting. Immediately afterwards Mayo scored for us, taking the ball at full speed from a throw-out from touch. The kick at goal failed.

After half-time Civil Service scored an unconverted try, getting the ball from a line-out. The Hospital pressed for some time, and James again crossed the line, but again he was held up. Shortly before the end Wells dribbled over and touched the ball down very smartly, and O'Neill brought the scores level by placing a goal.

Bart.'s had rather the better of the play, and were unlucky not to win. James missed one try by taking things too easily, not knowing that any one was near him. The second time he got over the line he fell with the ball on his arm, and not on the ground. On the whole the three-quarter line appeared very promising, the passing at times being very smart. Carroll worked very hard at half, and passed well, but his partner, Wilson, seemed to stand too close to the scrumage, and was often tackled before he could get the ball away to the three-quarters. The Hospital forwards were the better in the tight scrummages, but want more dash in the open. They are liable to let an opponent run through their midst, each man waiting for some one else to do the tackling, or else not tackling low enough. Team:

St. Bart.'s.—T. M. Body (back); James, Rosten, T. A. Mayo, J. M. Plews (three-quarters); Carroll, Wilson (halves); A. J. W. Wells (captain); H. C. Adams, C. H. D. Robbs, A. M. Amsler, J. A. West, A. O'Neill, L. R. Tosswill, Wilson (forwards).

ST. BART.'S v. R.N.C.

Played at Greenwich on October 26th. R.N.C. won by 3 goals (15 points) to 2 tries (6 points).

St. Bart.'s at first appeared stronger forward, and frequently got the ball out to the three-quarters, but one or two good opportunities were lost from a wing three-quarter overrunning his "centre." A quarter of an hour from the start, however, Adams picked the ball up in the loose and passed to O'Neill, who ran in behind the posts. The kick at goal failed. The R.N.C. forwards were the better in the loose, and began to get the ball more often in the scrummages. Several times they looked about to score, and ultimately broke away from a line-out near the halfway line, and scored after some clever passing, the try being converted.

After half-time Bart.'s pressed for the first few minutes, and R.N.C. had to touch down. James got within a few yards of the line, but was held, and R.N.C. relieved by dribbling almost the whole length of the ground, James just saving. Some scrummages took place in our "25," and the ball was dribbled over our line, and a second goal resulted. A third goal was scored shortly after from an intercepted pass. Ash injured his ankle, and had to leave the field, Dix taking his place at half, and Wells going three-quarter. Dix made a good opening for Plews, who got in behind the posts, but O'Neill again failed at goal. R.N.C. almost scored again in the last minute, but lost the ball.

For the greater part of the game St. Bart.'s were beaten forward. R.N.C. played with much more dash, and gained much ground by loose rushes. Our halves and three-quarters were fair, sometimes passing well, but not always strong in defence. Nedwill at back kicked well, though a little slow sometimes in fielding the ball. Team:

St. Bart.'s.—Nedwill (back); James, Gillies, Dix, Wakley (three-quarters); Ash, Wilson (halves); A. J. W. Wells (captain); H. C. Adams, C. H. D. Robbs, A. M. Amsler, J. A. West, A. O'Neill, J. M. Plews, Levick (forwards).

ST. BART.'S v. PARK HOUSE.

Played at Winchmore Hill on October 22nd. Park House won the toss. Wells kicked off for St. Bart.'s against the wind, and the ball was returned to the halfway. Loose, scrambling play followed. Plews, getting hold of the ball, made a good run and passed to Robbs, who got over, but the try was disallowed, a scrumage being formed five yards from our opponents' line. Loose play followed, when Evens, the Park House back, dropped a goal. Further play until half-time was very loose, each side pressing alternately. At half-time Park House led by 4 points.

On resuming, play was still of a scrambling nature. Neel scored a try for Park House, which Milne converted. After this St. Bart.'s woke up for a short time. Body, making a good run along the line, passed to Robbs, who scored between the posts. O'Neill converted. Just before this Tosswill retired hurt. Nothing more was scored by either side. Final scores:—Park House, 1 goal, 1 dropped goal (9 points); St. Bart.'s, 1 goal (5 points).

Body at back played a good game. The three-quarters also played a fair game. Mayo put in a lot of good work. James had very few chances, but of these he took full advantage. Carroll and Ash at half played a good game.

Of the forwards, Tosswill and Plews played well. Robbs showed well in the open; but, taking the forwards as a whole, they were a very slack lot, very much out of condition, and did not seem to be able to use their weight effectually. At times they showed great energy, and carried everything before them, but the burst soon died away. No doubt they will show great improvement when they are more together and in better condition. Teams:

Park House.—A. S. Evens (back); Hills, Milne, Neel, Boyd (three-quarters); McColl, Keell (halves); Chubb, Ramsay, Collard, Reading, Cunis, Budds, Morris, and Hoyle (forwards).

St. Bart.'s.—T. M. Body (back); T. A. Mayo, W. H. James, L. Rosten, J. Wakley (three-quarters); F. R. Carroll, H. B. Ash (half-backs); A. J. W. Wells (captain); C. H. D. Robbs, H. C. Adams, A. M. Amsler, A. O'Neill, L. R. Tosswill, J. A. West, J. M. Plews (forwards).

ST. BART.'S v. R.I.E.C.

Played at Cooper's Hill on October 24th. This match resulted in a win for the Hospital by 1 try (obtained by James) to *nil*. The game throughout was very keenly contested; the forwards showed to a much greater advantage than hitherto this season. Body at back played a grand game. Team:

St. Bart.'s.—T. M. Body (back); T. A. Mayo, J. B. Gillies, H. W. James, E. W. Price (three-quarters); E. S. Ward, M. N. Wilson (halves); C. H. D. Robbs, H. C. Adams, A. M. Amsler, A. O'Neill, J. A. West, J. M. Plews, H. T. Wilson, F. Harvey (forwards).

ASSOCIATION FOOTBALL CLUB.

ST. BART.'S v. CHESHUNT.

Played at Cheshunt on October 9th. This match was the first of the season, and resulted in a defeat by 2 goals to *nil*. The Hospital were unable to put their full strength in the field. The ground was hard from the recent dry weather, and the game was consequently very fast. The home forwards made excellent

use of their pace, and gave our halves considerable trouble. Orton and Fowler played a good defensive game at back. The Hospital forwards, however, lacked combination.

J. R. Barwell scored the two goals for Cheshunt. Considering this was the first match of the season, and that our side was weak, the team are to be congratulated on not being beaten more easily. Teams:

Cheshunt.—W. Bain (goal); C. Raincock, J. E. Jull (backs); W. J. Shephard, B. Horley, G. H. Tapsfield (backs); L. Crickner, F. Ellis, O. H. P. Cox, J. R. Barwell, W. T. Barwell (forwards).

St. Bart's.—H. H. Butcher (goal); T. H. Fowler, L. Orton (backs); E. H. Scholefield, A. H. Bostock, G. W. Miller (halves); H. N. Marrett, J. A. Willett, C. O'Brien, V. G. Ward, G. Orton (forwards).

ST. BART'S v. DORKING.

Played at Dorking on October 12th. This match resulted in an easy win for the Hospital by 5 goals to 1. St. Bart's kicked off downhill with a slight wind against them, and play soon became very energetic, each goal being visited in turn. By some pretty combination of the inside forwards Ward put the ball into the net by a good long shot shortly before half-time.

At the interval St. Bart's was leading by 1 goal to *nil*. On changing ends play was chiefly confined to the opponents' half, Butcher in goal being scarcely troubled at all. Shortly after the restart Bates, who had been playing a most energetic game, headed the ball through. The remaining three goals followed in quick succession, the Dorking goal-keeper allowing a weak shot from Ward to pass him, Fowler scoring from a long shot, and the fifth goal being scored by Miller from a *mêlée* in goal.

For the Hospital Ward and Bates were the best of the forwards, whilst Fowler played an excellent game at back. Team:

St. Bart's.—H. H. Butcher (goal); T. H. Fowler, L. Orton (backs); F. E. Tayler, A. H. Bostock, T. N. Farncombe (half-backs); H. N. Marrett, V. G. Ward, T. Bates, G. W. Miller, F. S. Lister (forwards).

ST. BART'S v. HARROW ATHLETIC.

Played at the Recreation Ground, Harrow, on October 15th. This match was played in a fine drizzling rain before a moderate but enthusiastic attendance, and ended in a win for the Hospital by 2 goals to *nil*. Owing to the greasy condition of the ground good play was out of the question, and a somewhat desultory game ensued, it being impossible to obtain anything like control of the ball. Shortly before the interval O'Brien put the ball into the net, giving St. Bart's the lead by 1 goal to *nil*.

On changing ends play was more or less of a give-and-take character, each goal being visited in turn. The Hospital had to continue this portion of the game with only ten men, owing to Hartley being *hors de combat* from a bad kick. However, St. Bart's were able to add another goal to their credit from a shot by Willett. Team:

St. Bart's.—H. H. Butcher (goal); T. H. Fowler, L. Orton (backs); E. H. Scholefield, A. H. Bostock, T. Bates (halves); H. N. Marrett, J. A. Willett, C. O'Brien, V. G. Ward, H. D. Hartley (forwards).

ST. BART'S v. EALING.

This match, fixed for October 19th, was scratched owing to the ground being unfit to play on.

ST. BART'S v. R.M.A., WOOLWICH.

Played at Woolwich on October 22nd. This match resulted in a bad defeat for St. Bart's by 4 goals to 2. The Hospital started the game, playing downhill with a slight wind behind them, and some very fast play ensued. The home forwards made some very good rushes, one of which resulted in the ball being put through the Hospital goal out of Butcher's reach. From a combined run of the St. Bart's forwards Thomas obtained possession and beat our opponents' custodian, thus scoring the first point for the Hospital. Before half-time, however, the Academy had added another goal to their score.

On restarting Willett secured a second for the Hospital from a long shot. R.M.A., playing downhill, were much too fast for us, and scored twice in quick succession. Their victory we may perhaps account for chiefly by their amount of dash and energy.

St. Bart's lost several good opportunities of scoring through the forwards not shooting often or quickly enough. Orton and Fowler played a very energetic game at back. Bates and Bostock were good at half, and Ward was the best of the forwards. Team:

St. Bart's.—H. H. Butcher (goal); T. H. Fowler, L. Orton (backs); E. H. Scholefield, A. H. Bostock, N. E. Waterfield (halves); H. N. Marrett, J. A. Willett, H. E. Thomas, V. G. Ward, C. O'Brien (forwards).

ST. BART'S v. BARNES.

This match, fixed for October 26th, was scratched owing to our opponents being unable to raise a team.

BOXING CLUB.

The Boxing Club has now reopened, and will continue during the Winter Session. The rooms, which are situated under the Schools of St. Bartholomew's the Great, in Red Lion Passage, Bartholomew Close, are open on Mondays, Wednesdays, and Fridays from 4.30 to 6.30 p.m.

On Friday afternoons Alec Roberts attends and gives instruction in boxing; on Monday and Wednesday afternoons new members are helped by the older members of the Club.

Besides boxing, the Club possesses two punching balls, dumb-bells, clubs, &c., all of which will be useful to men who wish to keep in training for football, &c.

The Hon. Secretaries will be very pleased to direct any new members to the rooms, which are not very easily found.

J. C. S. DUNN, } Hon. Secs.
G. E. CATHCART, }

Abernethian Society.



On October 13th, in the Anatomical Theatre, Dr. W. Jobson Horne read a paper before the Society on "The Early Diagnosis of Phthisis;" Mr. Horder, President, took the Chair. The chief point insisted upon was the examination of the larynx at an early stage, when to a competent observer certain conditions were to be recognised whereby a diagnosis of pulmonary tuberculosis could be established.

The signs might be classed as follows:—(1) changes in the sensibility of the mucous membrane of the pharynx and epiglottis, either hyperæsthesia or the reverse; (2) changes in the blood-supply (anæmia occurred in 50 per cent. of cases); (3) changes in vocal function; (4) impaired movement of the cords; (5) some œdema.

A series of excellent micro-photographs were thrown upon the screen by the aid of the lantern, and showed the disease in progress in the ventricular bands beneath the mucous membrane.

At a meeting held on Thursday, October 20th, Mr. Thursfield occupied the Chair. A case of pseudo-hypertrophic muscular paralysis was shown by Mr. Bousfield. The patient was a boy æt. 14, a brother two years his senior being similarly affected. Mr. Mitchell then read a paper upon "The Treatment of the Peritoneum after Septic Infection." The lecture resolved itself into the arguments chiefly against irrigation as a means of cleansing the membrane in operation cases. Sponging, on the other hand, was the treatment advocated by Mr. Mitchell. Three series of charts were produced in support of this line of procedure, showing how fatal had been the result after washing out, and how eminently satisfactory after sponging only. A lively discussion followed, various views being taken by the different speakers as to this important practical point.

On October 27th, Mr. Horder in the Chair, a clinical evening was held, when several cases of interest were shown, and when Dr. Garrod made a short communication to the Society on the subject of alcaptonuria. The substance present in the urine in these rare cases reduced Fehling's solution readily, but was not sugar, nor did it give the other common tests for that body. The condition was first described by Bédeker in 1859. Dr. Garrod showed specimens of urine containing the peculiar substance.

At a meeting on November 3rd, Mr. Thursfield, President, being in the Chair, Mr. J. K. Murphy read a paper "On the Treatment of Hæmorrhage in Pregnancy." He divided his subject into three parts, viz.:—(1) hæmorrhage occurring in abortion; (2) hæmorrhage after the seventh month; and (3) after labour. Incomplete and inevitable abortion were considered in the first division, Mr. Murphy deprecating the use of ergot before the uterus was empty, and advising the use of expression, the blunt curette, or plugging. The proof of emptiness lay in the cessation of bleeding. With regard to the second division, it was noticeable that Mr. Murphy recommended, under certain conditions, the practice of plugging the vagina,

holding that the tension produced would in time control the hæmorrhage by pressure on the uterine arteries.

A good discussion followed the paper, in which Dr. Morrison, Mr. Williamson, and others took part. Mr. Williamson could not advise the curette in incomplete abortion. Dr. Morrison recommended the administration of opium and ergot in the early treatment of threatened abortion, and was opposed to the use of Champetier de Ribes' bag as a means of bringing on labour in the later stages of pregnancy. An os which would admit of its introduction would permit of bipolar version, which he preferred.

The Bahere Lodge, No. 2546.

THE work of the Lodge has increased so rapidly that it was found necessary to hold an Emergency Meeting at the Restaurant Frascati on Tuesday, November 8th, W. Bro. T. G. A. Burns, the W.M., being in the chair. Bro. A. M. Jackson, M.D.Oxon., W.M. of the Douglas Lodge, Maidstone, was elected a joining member. Messrs. C. A. Coventon, A. B. Tucker, John Gay, and J. H. Griffiths were duly elected members of the Lodge, and were afterwards initiated into Freemasonry, and Dr. C. H. Roberts was elected a member. Bros. Folliott, Christopherson, Mackintosh, Briggs, and Keats were raised to the third degree. The brethren and their guests, to the number of thirty-five, afterwards dined together.

Appointments.

CORY, C. G., M.R.C.S., L.R.C.P., appointed Medical Officer and Public Vaccinator to the Seventh District of the Newmarket Union.

DRAKE, D. J., M.R.C.S., L.R.C.P., appointed Ship's Surgeon to the Union Steamship German.

HEPBURN, M. L., M.D., B.S.(Lond.), F.R.C.S.(Eng.), appointed an Assistant Surgeon to the Lowestoft Hospital.

LEWIS, F. H., B.A., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P., appointed Non-resident House Surgeon to the London Throat Hospital, Great Portland Street, W.

MATTHEWS, E. A. C., M.B., B.C.(Cantab.), M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the Royal South Hants Infirmary, Southampton.

MCLEAN, W. W. L., M.R.C.S., L.R.C.P., appointed Ship's Surgeon to the Royal Mail Packet Severn.

PEARSON, MAURICE G., M.B., B.Sc., F.R.C.S., appointed Assistant Railway Medical Officer, Cape Government Railway, De Aar, Cape Colony.

PRATT, ELDON, M.B.(Lond.), M.R.C.S., L.R.C.P., appointed House Surgeon to the Cardiff Infirmary.

SHEWELL, H. W. B., M.B., B.C.(Cantab.), appointed Surgeon to H.M.S. Rodney.

WHINCUP, F., M.R.C.S., L.R.C.P., appointed Junior House Surgeon to the South Devon and East Cornwall Hospital.

WILLIAMSON, H., B.A.(Cantab.), M.R.C.S., L.R.C.P., appointed Resident Medical Officer to Queen Charlotte's Hospital, London, W.

Examinations.

CONJOINT BOARD.—*Chemistry*.—G. H. Adam, R. M. Im Thurn, A. S. Williams. *Practical Pharmacy*.—A. H. Bateman, H. B. Butler, N. A. W. Conolly, R. T. Cooke, E. W. Dall, W. P. Dyer, N. Lipscomb, A. S. Petrie, E. F. Rose, H. E. Scoones, H. Bond. *Elementary Physiology (Four Years' Regulations)*.—R. Cope. *Anatomy and Physiology*.—A. L. B. Green, H. E. Flint, S. de Carteret, C. L. C. Owen, C. D. A. Dowman, J. A. West, E. E. Young, N. Leonard, H. F. Bodoel-Roberts, H. H. Butcher, C. Dix, T. M. Body, H. H. Raw, H. Whitwell, E. W. Price, W. P. Miles, L. M. Morris, W. J. G. Johnson, R. Cope (four years' regulations).

Final Examination.—The following have passed all the subjects, and have received Diplomas:—W. S. Darby, D. Cannan, E. N. Berryman, E. H. Scholefield, G. C. Marrack, T. W. Letchworth, T. A. Mayo, C. J. Thomas, S. P. Pollard, J. Johnston, A. C. Jordan, A. E. Carsberg, A. F. Page, C. P. Burd, R. E. H. Woodforde, P. W. Rowland, F. R. Eddison, J. R. Evans.

Changes of Address.

DR. OSWALD BROWNE, from 43, Bedford Square, to 7, Upper Wimpole Street, W.

DR. W. T. GARDNER, from 11, Branksome Terrace, to Fair Seat, Poole Road, Bournemouth.

MR. R. G. HOGARTH, from Salisbury, to 60, The Ropewalk, Nottingham.

DR. H. LEWIS JONES, from 9, Upper Wimpole Street, to 61, Wimpole Street.

DR. C. P. WHITE, from General Hospital, Birmingham, to 30, Hyde Park Road, Leeds.

Births.

ATTLEE.—October 8th, at 58, Brook Street, London, W., the wife of John Attlee, M.D., of a daughter.

WINTER.—On October 25th, at Chartham, near Canterbury, the wife of Laurence A. Winter, M.R.C.S.(Eng.), L.R.C.P.(Lond.), of a son.

Marriage.

ELLIOT—MCCEEERY.—On October 27th, at St. Luke's Church, West Norwood, Ernest E. Elliot, M.R.C.S., L.R.C.P., son of Lieut.-Col. J. Elliot, to Maud R. J. McCreery, eldest daughter of the late Surg.-Major James McCreery, A.M.D., and of Mrs. McCreery, 39, Perrein Road, Tulse Hill, S.W.

Death.

WYATT.—On November 7th, at his residence, Clissolds, Shelley Road, Worthing, William Thomas Wyatt, M.A., M.D.(Oxon.), aged 45.

ACKNOWLEDGMENTS.—*St. Thomas's Hospital Gazette*, *London Hospital Gazette*, *Nursing Record*, *The Student*, "M. R. I.," *St. Mary's Hospital Gazette*, *Middlesex Hospital Gazette*, *The Hospital*.